



EMBASSY
SUITES®

Charleston Convention Center
5055 International Boulevard
N. Charleston, SC 29418

SPAWAR-CPARS

Sunday, May 2, 2004 – Friday, May 7, 2004

Federal Government Employees: Room Rate: **\$101.00 Single/Double **\$111.00 Triple ** 121.00Quad

Government Contractors: Room Rate: **\$106.00 Single/Double **\$116.00 Triple ** 126.00Quad

(Federal Government Employees must present Identification)

****Room Rate includes Full Buffet Breakfast each morning**

and (2) hour cocktail reception each evening in the hotel atrium

****Please note, (300) complimentary parking places are offered on a first come, first serve basis for overnight guests in the Embassy Suites parking lot. Additional parking is offered at \$4.00 per parking space.**

Reservations may be made in the following ways:

***Via Telephone by calling toll free 1-800-EMBASSY or 1-800-362-2779 or by calling the hotel directly at 1-843-747-1882.**

***Via mail by completing the form below and mailing to the above address.**

***Via Facsimile by sending to 1-843-747-1895.**

***Via internet at www.embassysuites.com**

"Group code for Federal Employees" is CPA

"Group code for Government Contractors is CPC"

Reservations must be received by Friday, April 2, 2004 to receive the discounted conference rate. Should requested accommodations not be available, the nearest available rate and accommodations will be assigned. Cancellation must be received 48 hours prior to arrival. Check in time is 3:00pm/Check out is 12noon. Room tax is currently 12%.

Please reserve accommodations for:

Name _____ Company _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Number of Occupants _____ Sharing Room With _____

A guarantee of one night's deposit or credit card is required for your reservation. For deposits, please enclose a check or money order payable to the Embassy Suites Hotel. Please complete the following information:

☐ **One night's lodging and tax is enclosed Total enclosed \$ _____**

Credit Cards Accepted:

☐ **Visa**

☐ **Mastercard**

☐ **American Express**

☐ **Diners Club**

☐ **Discover**

Credit Card Number _____ Expiration _____

Name Embossed on Card _____ Signature _____

Type of Accommodations Requested:

☐ **King**

☐ **Double**

☐ **Non Smoking**

☐ **Smoking**

Arrival Date _____

Departure Date _____

Estimated Arrival Time _____

Do you wish to receive written confirmation?

☐ **Yes**

☐ **No**

Method of Arrival _____

